



## COMMUNITY PARENTING ALTERNATIVE STANDARD RULES

In consideration of being granted Community Parenting Alternative (CPA), the offender must agree to observe and abide by the following rules:

1. Continue in the approved CPA Plan until it is officially changed. Any modification of the plan must be authorized in writing by the Community Corrections Officer (CCO).
2. Comply with any special restrictions imposed in writing by the CCO. The offender may appeal in writing to the Family Offender Sentencing Alternative (FOSA) Administrator, if the offender considers any of the restrictions to be unwarranted or arbitrary.
3. Remain confined to the approved residence at all times other than the time necessary to implement the plan or when on an authorized outing. Any Home Detention offender approved for placement under a CPA Detention Plan who willfully fails to return to the designated place of confinement at the time specified shall be deemed an escapee and fugitive from justice, and upon conviction shall be guilty of a felony and sentenced in accordance with the terms of RCW 9.94A.
4. Not consume, ingest, inject or possess non-prescription narcotic or "dangerous" drugs or controlled substances, alcoholic beverages, or foods containing poppy seeds.
5. Comply with all federal, state, and local laws.
6. Standard conditions for offenders transferred per RCW 9.94A (ESSB 6639, Section 8), will be referred to as the Community Parenting Alternative (CPA)
7. Your home is subject to search by the CCO anytime there is a reasonable suspicion that an infraction may have occurred. Your sponsor/support person must sign a search waiver to ensure compliance with the program requirements.

### **Custodial Sexual Misconduct:**

I am aware that sexual conduct between a DOC offender and DOC employee is a violation of Washington State Law under RCW 9A.44.160. Any allegation of custodial sexual misconduct will be investigated and may result in the prosecution of the employee. I understand that under the law, there is no consensual sex between an employee of a correctional agency and a person under correctional supervision. I understand the reporting process for custodial sexual misconduct.

**If you have any questions, you may contact your Program Administrator** \_\_\_\_\_

**Phone number** \_\_\_\_\_ **or by calling 1-800-586-9431.**

I hereby waive extradition to the state of Washington from any state or territory of the United States or from the District of Columbia should it be the case that I am found outside of the state of Washington and am subject to return to Washington State custody pursuant to RCW 72.65, or any other provision of Washington State law.

I also agree that I will not contest any effort to return me to the state of Washington. I make this waiver of extradition freely, voluntarily and without compulsion. No one has threatened harm of any kind to me or any other person to cause me to make this waiver. No person has made promises of any kind to cause me to make this waiver, except as set forth in this agreement. I have been informed and fully understand that by waiving extradition,

**I am waiving the following rights:** (a) the right to issuance and service of a warrant of extradition; (b) the right to obtain a writ of habeas corpus under RCW 10.88.290; (c) the right to counsel; and (d) the opportunity to petition the executive of the asylum state for relief from extradition.

I have also been informed and fully understand that once I sign this agreement, the waiver of extradition is irrevocable.

\_\_\_\_\_  
Offender Name (print name)

\_\_\_\_\_  
DOC #

\_\_\_\_\_  
Offender Signature

\_\_\_\_\_  
Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 00-03, RCW 42.56, and RCW 40.14.

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